	PATE	ECORD		1	Application or Docket Number										
	<del>:::,7</del>		AS FILED -		(Column 2)		_	SMALL ENTITY TYPE		OTHER THA					
U.S. NATIONAL STAGE FEES							RATE	FEE	7	RATE	FEE	-			
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT, = \$ 300	1	BASIC PEE		OR	BASIC FEE	-	$\dashv$		
EXAMINATION FEE				Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM FEE	<del>                                     </del>	1	EXAM, FEE	300	$\dashv$		
SEARCH FEE			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		All c	other situations = \$ 250 / \$ 500		SEARCH FEE		1	SEARCH FEE	400	1		
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/50 =	X\$125 =		<del>                                     </del>	1	X \$ 250 =	100	$\dashv$		
TOTAL CHARGEABLE CLAIMS			26 minus 20 =		•	.6		X\$25=		OR	X \$ 50 =	3m	$\dashv$		
INDEPENDENT CLAIMS			4 m	inus 3 =	•	/		X\$100=		OR	X \$ 200 =	2-0	1		
MULTIPLE DEPENDENT CLAIM PRE			ESENT			[_7	+\$18			OR	+ \$ 360 =	<i>\$00</i>	┨		
•	f the difference	e in column 1 is	ess than zero, enter "0" in				}	TOTAL		OR	TOTAL	11/06	4		
١,									<u> </u>	]	TOTAL	1406	$\exists$		
1	7./3 Column 1) (Column 2) (Column 3)							SMALL I	ENTITY	OR	OTHER SMALL I				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL REE			
	Total	.00	Minus		6	=		X \$ 25 =	1	OR	X \$ 50 =	<del>/-</del>	1		
	Independent	· //	Minus	…人	$I^{-}$	-	İ	X \$ 100 =		OR	X \$ 200 =	<del>                                     </del>	1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ł	+ \$ 180 =	-	OR	+ \$ 360 =	<del>                                     </del>	1		
Γ										OR	TOTAL ADOIT.		ł		
				REE		10	FEE		ł						
-		(Column 1)		(Cotum		(Column 3)	_								
AMENOMENT B		REMAINING AFTER AMENDMENT		HIGHE HUMBI PREVIOU PAID F	er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	•	Minus .	••		=	ſ	X \$ 25 =		OR	X \$ 50 =		1		
AME	Independent	•	Minus	***		=	f	X \$ 100 =		OR	X \$ 200 =		1		
	FIRST PRES	ENTATION OF M	N OF MULTIPLE DEPENDENT CLAIM				f	+ \$ 180 =		OR	+ \$ 360 =		l		
										L	TOTAL ADDIT.		l		
FEE ON FEE															
***	" the "Highest Hu	* If the entry in column 1 is less than the entry in column 2, write "I" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													